## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P01000050205

1. Entity Name ABRUZZO DESIGNS, INC.



FILED
May 02, 2003 8:00 am

Principal Plac	ce of Business	Mailing A	Mailing Address					
6116 VIA LAG	BUNA LANE	6116 VI/	6116 VIA LAGUNA LANE					
BOCA RATON	I FL 33433	BOCA R	BOCA RATON FL 33433					
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2. Principal F	Place of Business	3. Mailin	3. Mailing Address			i indermus til nordt trætt bætt næret norst norst mardt	Ellin entre illem e	FB101 B111 10B1
Suite, Apt.	# 010	Suito	Suite, Apt. #, etc.					
Suite, Apt.	. #, <del>Q</del> (C.	Suite,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & Stat	te	City &	City & State			FEI Number	- I Ar	oplied For
5.1, 0.012		0., 2				65-1122725	<b>—</b>	ot Applicable
Zip Country		Zip	Zip Cou		1_	0.455 4.450 4.55	\$8.75 Add	
						5. Certificate of Status Desired Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
وسيد بمد		Name	Name ~					
ABRUZZO	), LORRAINE		Street Addres			(P.O. Box Number is Not Acceptable)		
6116 VIA	LAGUNA LANE		Olicet Address			Sox (46/1186) 19 (46/12666) Labeley		
BOCA RATON FL 33433								
				City			Zip Code	
				Oity		FL	-   Zip cou	
		ent for the purpos	e of changing its	registered office or regi	istered ag	gent, or both, in the State of Florida. I am	familiar with,	and accept
•	tions of registered agent.							
; SIGNATURE								Ì
/	Signature, typed or printed name of registered	agent and title it applica	ible. (NOT	E: Registered Agent signature req	quired when r	einstating) DATE		
F	ILE NOW!!! FEE IS \$150.00							
	r May 1, 2003 Fee will be \$550					9. Election Campaign Financing		O May Be
	k Payable to Florida Departme					Trust Fund Contribution.	Added	to Fees
10.	OFFICERS /	AND DIRECTORS	3	11.	AE	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11
TITLE	Р		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	ABRUZZO, LORRAINE			NAME				
STREET ADDRESS	6116 VIA LAGUNA LANE			STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433			CITY-ST-ZIP				
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CITY-ST-ZIP				CITY-ST-ZIP				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

4/29/03 561 44 9039
Daytime Phone \*